

<b>Communicable Disease Report</b> <b>Important Instructions on Reverse Side - Please print or type</b> <b>Send completed forms to your county or tribal health agency</b>			County/IHS ID number:		State ID Number	
Patient's name (Last) (First) (Middle Initial)			Date Received by County:			
Date of birth			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> (1) White <input type="checkbox"/> (3) Black <input type="checkbox"/> (4) Asian/Pac. Isl <input type="checkbox"/> (5) Nat American <input type="checkbox"/> (8) Other <input type="checkbox"/> (9) Unknown	
Street address			Telephone no:		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
Mailing address (if different than above)			County or Tribal Residence		Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	
City or Town			State		Zip code	
Diagnosis or suspect reportable condition			Laboratory test		Specimen Type:	
Date of onset			Date of diagnosis		Date Collected:	
Patient's occupation or school			Laboratory results		Date Finaled:	
Physician or other reporting source			Telephone no:		Facility	
Street address			City		State	
			State		Zip code	
					Local Health Agency use only <input type="checkbox"/> Confirmed case <input type="checkbox"/> Probable case <input type="checkbox"/> Outbreak Associated <input type="checkbox"/> Ruled out/ Non case	
					Outcome <input type="checkbox"/> Died <input type="checkbox"/> Survived	

Original and 1st copy to County/Tribal Health Department ☐ Check if additional forms are needed (Quantity) \_\_\_\_\_ ADHS/IDES-1(Rev.9-04)

REPORTABLE DISEASES

Arizona Revised Statutes and Arizona Administrative Code require the following infectious diseases to be reported to the local health agency (County/IHS or Tribe). For additional information, please visit the Arizona Department of Health Services' website at <http://www.azdhs.gov>.

**Table 1. Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility**

<input type="checkbox"/> *O Amebiasis	<input type="checkbox"/> Hantavirus infection	<input type="checkbox"/> *O Salmonellosis
<input type="☎"/> Anthrax	<input type="☎"/> Hemolytic uremic syndrome	O Scabies
<input type="checkbox"/> Aseptic meningitis: viral	<input type="checkbox"/> *O Hepatitis A	<input type="☎"/> Severe acute respiratory syndrome
<input type="checkbox"/> Basidiobolomycosis	<input type="checkbox"/> Hepatitis B and D	<input type="checkbox"/> *O Shigellosis
<input type="☎"/> Botulism	<input type="checkbox"/> Hepatitis C	<input type="☎"/> Smallpox
<input type="☎"/> Brucellosis	<input type="checkbox"/> Hepatitis E	<input type="checkbox"/> Streptococcal Group A: Invasive disease
<input type="checkbox"/> *O Campylobacteriosis	<input type="checkbox"/> Herpes genitalis	<input type="checkbox"/> Streptococcal Group B: Invasive disease in infants younger than 90 days of age
<input type="checkbox"/> Chancroid	<input type="checkbox"/> HIV infection and related disease	<input type="checkbox"/> <i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)
<input type="checkbox"/> <i>Chlamydia</i> infection, genital	<input type="checkbox"/> Kawasaki syndrome	<input type="checkbox"/> Syphilis
<input type="☎"/> * Cholera	<input type="checkbox"/> Legionellosis (Legionnaires' disease)	<input type="checkbox"/> *O Taeniasis
<input type="checkbox"/> Coccidioidomycosis (valley fever)	<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Colorado tick fever	<input type="☎"/> Listeriosis	<input type="checkbox"/> Toxic shock syndrome
O Conjunctivitis: acute	<input type="checkbox"/> Lyme disease	<input type="checkbox"/> Trichinosis
<input type="checkbox"/> Creutzfeldt-Jakob disease	<input type="checkbox"/> Lymphocytic choriomeningitis	<input type="☎"/> Tuberculosis
<input type="checkbox"/> *O Cryptosporidiosis	<input type="checkbox"/> Malaria	<input type="☎"/> Tuberculosis infection in a child younger than 6 (positive test result)
<input type="checkbox"/> <i>Cyclospora</i> infection	<input type="☎"/> Measles (rubeola)	<input type="☎"/> Tularemia
<input type="checkbox"/> Cysticercosis	<input type="☎"/> Meningococcal invasive disease	<input type="☎"/> Typhoid fever
<input type="checkbox"/> Dengue	<input type="☎"/> Mumps	<input type="☎"/> Typhus fever
O Diarrhea, nausea, or vomiting	<input type="☎"/> Pertussis (whooping cough)	<input type="☎"/> Unexplained death with a history of fever
<input type="☎"/> Diphtheria	<input type="☎"/> Plague	<input type="☎"/> Vaccinia-related adverse event
<input type="checkbox"/> Ehrlichiosis	<input type="☎"/> Poliomyelitis	<input type="checkbox"/> Vancomycin-resistant <i>Enterococcus</i> spp.
<input type="☎"/> Emerging or exotic disease	<input type="checkbox"/> Psittacosis (ornithosis)	<input type="☎"/> Vancomycin-resistant or Vancomycin-intermediately susceptible <i>Staphylococcus aureus</i>
<input type="☎"/> Encephalitis, viral or parasitic	<input type="checkbox"/> Q fever	<input type="☎"/> Vancomycin-resistant <i>Staphylococcus epidermidis</i>
<input type="☎"/> Enterohemorrhagic <i>Escherichia coli</i>	<input type="☎"/> Rabies in a human	<input type="checkbox"/> Varicella (chickenpox)
<input type="☎"/> Enterotoxigenic <i>Escherichia coli</i>	<input type="checkbox"/> Relapsing fever (borreliosis)	<input type="checkbox"/> *O <i>Vibrio</i> infection
<input type="checkbox"/> *O Giardiasis	<input type="checkbox"/> Reye syndrome	<input type="☎"/> Viral hemorrhagic fever
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Rocky Mountain spotted fever	<input type="☎"/> West Nile virus infection
<input type="checkbox"/> <i>Haemophilus influenzae</i> : invasive disease	<input type="☎"/> * Rubella (German measles)	<input type="☎"/> Yellow fever
<input type="checkbox"/> Hansen's disease (Leprosy)	<input type="☎"/> Rubella syndrome, congenital	<input type="checkbox"/> *O Yersiniosis

**Key:**

<input type="☎"/>	<input type="☎"/>	<input type="☎"/>	<input type="☎"/>	<input type="☎"/>
Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.	* If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.	<input type="☎"/> Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.	<input type="☎"/> Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.	O Submit a report within 24 hours after detecting an outbreak.

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